

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

UTILITY WORKERS UNION OF AMERICA COPE

ADDRESS (number and street)

815 16TH ST. NW

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20006

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00040741

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GARY RUFFNER

Signature of Treasurer

Electronically Filed by GARY RUFFNER

Date

04

13

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		82187.05
(b) Cash on Hand at Beginning of Reporting Period .....	91966.49	
(c) Total Receipts (from Line 19) .....	5727.36	15654.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97693.85	97841.33
7. Total Disbursements (from Line 31) .....	5015.19	5162.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92678.66	92678.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1993.66	2403.66
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3733.70	13250.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	5727.36	15654.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	5727.36	15654.28
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5727.36	15654.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5727.36	15654.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15.19	32.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	15.19	32.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	1130.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5015.19	5162.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5015.19	5162.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5727.36	15654.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5727.36	15654.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.19	32.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.19	32.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT CHET

Mailing Address 3700 EDGEWOOD DRIVE

City

LORAIN

State

OH

Zip Code

44053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7092

Amount of Each Receipt this Period

154.56

PAYROLL DEDUCTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN DEVLIN

Mailing Address 37 BRILL LANE

City

POUGHQUAG

State

NY

Zip Code

12570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

NATIONAL REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7093

Amount of Each Receipt this Period

154.56

PAYROLL DEDUCTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN DUFFY

Mailing Address 286 HOWARD ST

City

WASHINGTON TOWNSHI

State

NJ

Zip Code

07676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

OFFICIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7094

Amount of Each Receipt this Period

175.14

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) .....

484.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

**A.**

Full Name (Last, First, Middle Initial)

JAMES HARRISON

Mailing Address 3539 ARMOUR

City

PORT HURON

State

MI

Zip Code

48060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.7108

Amount of Each Receipt this Period

205.00

EX BOARD MONTHLY CONTRIBU-  
TION**B.**

Full Name (Last, First, Middle Initial)

JOHN HOLLAND

Mailing Address 8 WALNUT STREET

City

FOXBORO

State

MA

Zip Code

02035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.7095

Amount of Each Receipt this Period

170.16

PAYROLL DEDUCTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT HOUSER

Mailing Address 42 RAVENWOOD BLVD

City

BARNEGAT

State

NJ

Zip Code

08005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

NATIONAL ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.7096

Amount of Each Receipt this Period

154.56

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) .....

529.72

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

**A.**

Full Name (Last, First, Middle Initial)

LEONIDAS LABELLE

Mailing Address 1977 YALE AVENUE

City

WILLIAMSPORT

State

PA

Zip Code

17701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7097

Amount of Each Receipt this Period

116.01

PAYROLL DEDUCTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES LEWIS

Mailing Address 2120 LONDERGRAN STREET

City

PITTSBURGH

State

PA

Zip Code

15216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA, AFL

Occupation

NATIONAL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7098

Amount of Each Receipt this Period

121.52

PAYROLL DEDUCTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT MAHONEY

Mailing Address 217 PONDEROSA DRIVE

City

HANOVER

State

MA

Zip Code

02339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA, AFL-

Occupation

NATIONAL ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7100

Amount of Each Receipt this Period

154.56

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) .....

392.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

**A.**

Full Name (Last, First, Middle Initial)

DONALD OPATKA

Mailing Address 7559 ANCHOR LANE

City

NORTHFIELD

State

OH

Zip Code

44067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7101

Amount of Each Receipt this Period

170.16

PAYROLL DEDUCTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM STERNER

Mailing Address 333 STATE STREET

City

CHARLEROI

State

PA

Zip Code

15022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7115

Amount of Each Receipt this Period

100.00

EX BOARD MONTHLY CONTRIBU-  
TION

**C.**

Full Name (Last, First, Middle Initial)

SAM WEINSTEIN

Mailing Address 8407 GREENWOOD AVENUE #2

City

TAKOMA PARK

State

MD

Zip Code

20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

ASST TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7102

Amount of Each Receipt this Period

162.87

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) .....

433.03

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

**A.**

Full Name (Last, First, Middle Initial)

ALLAN WILSON

Mailing Address 221 CARR ROAD

City

UNIONTOWN

State

PA

Zip Code

15401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTILITY WORKERS UNION OF  
AMERICA

Occupation

NATIONAL REP

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: SA11AI.7103

Amount of Each Receipt this Period

154.56

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) .....

154.56

TOTAL This Period (last page this line number only) .....

1993.66

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

**A. Full Name (Last, First, Middle Initial)**  
**KATHY DAHLKEMPER FOR CONGRESS**

Mailing Address 530 SEMINOLE DRIVE

City ERIE State PA Zip Code 16505

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.7087**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**  
**MIKE MCMAHON FOR CONGRESS**

Mailing Address 66 ARNOLD STREET

City STATEN ISLAND State NY Zip Code 10301

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.7089**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C. Full Name (Last, First, Middle Initial)**  
**PETERS FOR CONGRESS**

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303-0226

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 09

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.7088**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

A.

Full Name (Last, First, Middle Initial)

FOR GOVERNOR STRICKLAND

Mailing Address 42 PARK DRIVE

City  
COLUMBUS

State  
OH

Zip Code  
43209

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.7086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00